

MICHAEL BALINT

THE Balint Society holds this month its first international conference on *The Doctor, His Patient and the Illness*, so this is an appropriate time to review Dr Balint's achievements and assess his impact on modern general practice.

Balint's career

Michael Balint was born in 1896 in Budapest, Hungary, where his father was a general practitioner. He graduated M.D. Budapest in 1920 and worked both in biochemistry and in psychotherapy. He received psychoanalytical training from Sándor Feránczi, himself a pupil of Sigmund Freud, and began to practise psychoanalysis in 1926. He became one of the first, if not the first in the world, to study the possibility of using psychotherapeutic techniques in general practice by starting a seminar for general practitioners in the early 1930s.

After emigrating to England in 1939, he held appointments at the North Eastern and Preston Child Guidance Clinic and the Northern Hospital, before moving to the Tavistock Clinic, London in 1947. Here, in the autumn of 1950, he established his first seminar for general practitioners for the discussion of psychological problems in general practice.¹

1950 to 1957

The timing of this development is of considerable historical significance. The early 1950s were the low point for general practice this century. Never before, and certainly never since, has there been such loss of morale and lack of direction in the general practitioners of this country. It was against this background that two events in the early 1950s assumed such great significance. The first was the founding of the College of General Practitioners, which provided the organisational framework within which academic progress could be made; the second was the work of Balint's seminars culminating in his book *The Doctor, His Patient and the Illness*.²

The Doctor, His Patient and the Illness

Publication of this book in 1957 marked a watershed in the development of general practice. Even now, 15 years later, it can still be claimed that this is the most important book on general practice to have been published this century. No other single volume has made such impact on so many general practitioners. Not only is it widely quoted by many general practitioner authors, but the thinking in it has become manifest in many subtle ways. General practice will never be quite the same again.

The essential feature of his book was that it provided a theoretical justification for general practice; a floor of academic respectability on which modern general practitioners could stand with confidence; a rational analysis of what had been before an act of faith. He openly rejected the relationship of inferiority of the generalist, *vis-à-vis* the specialist; he exposed the teacher-pupil relationship of much of the then current continuing education.³

Above all, he highlighted the positive features that were unique in general practice. His emphasis on the continuity of care illustrated by his analogy of 'a mutual investment

company' led inevitably to new emphasis on the significance of the doctor-patient relationship and on whole person medicine or holistic care—which only a generalist can provide. He directed attention away from details of anatomy into the developing field of human behaviour—both of patients and doctors.

Balint's general practitioners

All Balint's general practitioners were volunteers, and increasingly carefully selected volunteers at that.⁴ It is therefore of interest to look at those who worked with him, and to note that between the years 1952 and 1964 he dealt with only a few hundred practitioners throughout.

Who were they? These doctors appeared to have three characteristics: many were interested in education, many were of Jewish origin and many were outstandingly able.

The educational association is striking. At one education committee meeting of the Royal College of General Practitioners in the autumn of 1971, the chair was taken by J. P. Horder, the secretary was C. M. Harris and present were P. Freeling, M. L. Marinker and L. Ratoff, all of whom are Balint trained.

It is not new that the Jewish mind is attracted by psychoanalysis. One survey of psychoanalysts found "83 per cent were from Jewish homes."⁵ Jews, moreover, are known to excel in many fields of abstract thought—particularly the world of chess.

One of the very few weak sections in *A Study of Doctors*⁴ is that in which Balint deals with the possibility of whether he had attracted a particularly intelligent or well trained doctor. The crude criteria he employed did not show this. It is not known whether, consciously or unconsciously, he selected the more able. With hindsight, however, it is becoming clear that the achievement of this relatively small group of doctors has been profound, and that they number among their midst some of the most able general practitioners in the country.

Balint's other seminars

Balint did not confine his activities to the general practitioner field. He worked with groups of social workers and hospital consultants, among others. It does appear on his own evidence that in no other field did he achieve quite the same impact. General practice was his natural field and, moreover, ripe for his methods.

He himself commented that the readiness of general practitioners to accept other opinions and to expose themselves to criticism led them more naturally to the somewhat traumatic principle of self-knowledge and self-criticism that he enunciated. Certainly it is now true that no other branch of medicine is prepared to expose itself to self-criticism and self-evaluation, either on the same scale or to the same extent as general practice does today.

Assessment

It has previously been assumed that the great impact of Balint's work was on those who worked with him in his seminars. He and they have always stressed the 'limited change of personality' that was achieved. It may be, however, that in time his greatest achievement will be seen to be his effect on those doctors who never met him, but who have been and will be influenced by him, both directly through his writing and indirectly *via* his disciples.

It is appropriate that he was honoured by his own branch of the profession: he became President of the Institute of Psychoanalysts in 1970. It is equally appropriate that he received the 1968 Foundation Council Award of the Royal College of General Practitioners as he may prove to be one of a mere handful of doctors whose greatest

achievement has been in a field other than their own. He who in his seminars elucidated the role of the father figure has become a father figure himself.

Although so soon after his death it is difficult to attempt a full assessment, nevertheless we believe that what Freud has become for psychiatry, Balint will become for general practice.

REFERENCES

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4. Balint, M. (1966). *A Study of Doctors*, London: Tavistock Publication Ltd.
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STUDENT SELECTION

PROFESSOR MICHAEL SHEPHERD has recently reminded us of Thomas Huxley's dictum "Scepticism is the highest of duties, blind faith the one unpardonable sin."—a maxim for medical practice, if ever there was one.¹

But which of us truly escapes the urge for blind faith in something? Faith, for instance, in the illusion that human ability is yet measurable, let alone predictable. It has taken 25 years to convince some educationalists that the future ability of children aged 11 cannot be predicted with sufficient accuracy to commit them to a predetermined level of education for life. What a wealth of every day evidence was ignored in accepting that concept!

Examination as measurement

Yet we still use the A-level examination to determine who shall and who shall not have a university education. By doing so we restrict entry into our higher professions to those who, in their middle or late 'teens, exhibit an ability for recall, sufficient industry (and docility) to memorise a large body of factual knowledge, and a legible script. These three are the arbiters. In this narrowly conceived competition, entered by children of widely differing developmental ages, failure puts the professions out of reach. Is not this blind faith of a most unholy order in our ability to predict adult performance?

Many medical schools are now abolishing all interviews and selecting their students entirely on the basis of A-level performance; such measurement is a tool of the exact sciences. When imported (usefully) into the field of human behaviour, the field in which both educationalists and clinicians must browse, its legitimate role and its limitations need to be defined.

What is chosen for measurement must be measurable. The measurement made must usefully contribute to a total assessment. Above all, what is as yet unmeasurable must be recognised as such and given its full value in the scale. We tend to enhance the importance of the measurable area in human behaviour because measuring it engages our attention and our professional expertise. We give it the limelight, unconsciously suppressing what is still in the dark, though the dark areas may be of greater importance than the light.

Wasted potential

In other words, it is failure to appreciate the limitations of measurement in the total human situation, and it is the neglect of what is *not* measured that is so devastating in the present educational policy. As general practitioners we must speak about this.